

# ATTACHMENT G – COST PROPOSAL

## PART 1 NURSE TRIAGE AND ADVICE TELEPHONE SERVICES

Proposer Name: \_\_\_\_\_

Proposer Authorized Representative: \_\_\_\_\_

- 1. List each position title and the fully loaded hourly rate for the position. (Add lines as needed.)**

<u>Position</u>	<u>Hourly Rate</u>
a. _____	_____
b. _____	_____
c. _____	_____
d. _____	_____
e. _____	_____
f. _____	_____
g. _____	_____
h. _____	_____
i. _____	_____
j. _____	_____

- 2. Cost Proposal – Nurse Triage and Advice Telephone Services**

Direct Labor/Personnel: \$ \_\_\_\_\_

Direct Non Labor: \$ \_\_\_\_\_

Indirect or Overhead \$ \_\_\_\_\_

TOTAL PROPOSED MONTHLY RATE \$ \_\_\_\_\_

- 3. Description of calculation method and additional information. (Add pages as needed.)**

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## PART 2 CARE COORDINATION AND CASE MANAGEMENT

Proposer Name: \_\_\_\_\_

Proposer Authorized Representative: \_\_\_\_\_

- 1. List each position title and the fully loaded hourly rate for the position. (Add lines as needed.)**

<u>Position</u>	<u>Hourly Rate</u>
a. _____	_____
b. _____	_____
c. _____	_____
d. _____	_____
e. _____	_____
f. _____	_____
g. _____	_____
h. _____	_____
i. _____	_____
j. _____	_____

**2. Cost Proposal – Care Coordination and Case Management**

Direct Labor/Personnel: \$ \_\_\_\_\_

Direct Non Labor: \$ \_\_\_\_\_

Indirect or Overhead \$ \_\_\_\_\_

TOTAL PROPOSED PER MEMBER PER MONTH RATE \$ \_\_\_\_\_

**3. Description of calculation method and additional information. (Add pages as needed.)**

## ATTACHMENT G – COST PROPOSAL

### PART 3 INDEPENDENT AND QUALIFIED AGENT SERVICES

Proposer Name: \_\_\_\_\_

Proposer Authorized Representative: \_\_\_\_\_

- 1. List each position title and the fully loaded hourly rate for the position. (Add lines as needed.)**

<u>Position</u>	<u>Hourly Rate</u>
a. _____	_____
b. _____	_____
c. _____	_____
d. _____	_____
e. _____	_____
f. _____	_____
g. _____	_____
h. _____	_____
i. _____	_____
j. _____	_____

**2. Cost Proposal – Eligibility Determination**

Time estimate for completion = \_\_\_\_\_ hours.

Direct Labor/Personnel: \$ \_\_\_\_\_

Direct Non Labor: \$ \_\_\_\_\_

Indirect or Overhead \$ \_\_\_\_\_

PROPOSED HOURLY RATE \$ \_\_\_\_\_

**Description of calculation method and additional information:**

**3. Cost Proposal – Independent Assessments**

Time estimate for completion = \_\_\_\_\_ hours.

Direct Labor/Personnel: \$ \_\_\_\_\_

Direct Non Labor: \$ \_\_\_\_\_

Indirect or Overhead \$ \_\_\_\_\_

PROPOSED HOURLY RATE \$ \_\_\_\_\_

**Description of calculation method and additional information:**

**4. Cost Proposal – Development of Plans of Care**

Time estimate for completion = \_\_\_\_\_ hours.

Direct Labor/Personnel: \$ \_\_\_\_\_

Direct Non Labor: \$ \_\_\_\_\_

Indirect or Overhead \$ \_\_\_\_\_

PROPOSED HOURLY RATE \$ \_\_\_\_\_

**Description of calculation method and additional information:**

**5. Cost Proposal – Medical Appropriateness Reviews**

Time estimate for completion = \_\_\_\_\_ hours.

Direct Labor/Personnel: \$ \_\_\_\_\_

Direct Non Labor: \$ \_\_\_\_\_

Indirect or Overhead \$ \_\_\_\_\_

PROPOSED HOURLY RATE \$ \_\_\_\_\_

**Description of calculation method and additional information:**



**6. Cost Proposal – Treatment Episode Monitoring**

Time estimate for completion = \_\_\_\_\_ hours.

Direct Labor/Personnel: \$ \_\_\_\_\_

Direct Non Labor: \$ \_\_\_\_\_

Indirect or Overhead \$ \_\_\_\_\_

PROPOSED HOURLY RATE \$ \_\_\_\_\_

**Description of calculation method and additional information:**

# ATTACHMENT G – COST PROPOSAL

## PART 4 PERFORMANCE-BASED PAYMENTS

Proposer Name: \_\_\_\_\_

Proposer Authorized Representative: \_\_\_\_\_

Provide a description of at least one performance-based payment strategy for each of the categories listed below. Provide specific details on the data collection, metrics, benchmarks, performance measures, outputs, and outcomes applicable to the category and the strategy. Describe Proposer's method of determining the payment amount and the payment schedule. Include any consequences for poor performance or not achieving the outcomes.

**(Add space as needed.)**

### 1. Nurse Triage and Advice Telephone Services

**Performance-based Payment Strategy:**

### 2. Care Coordination and Case Management

**Performance-based Payment Strategy:**

### 3. Independent and Qualified Agent Services

**Performance-based Payment Strategy:**